FILING DATE **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. DEP. DEP. TOTAL IND. TOTAL IND. ļ _1 **_1** TOTAL DEP. TOTAL DEP. 2 x 25 = 50 1 x 23 = 23 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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